## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| maintenance fee notifications.  CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)   |  |   |  | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |                           |   |  |
|--|--|---|--|---|---------------------------|---|--|
| TWO EMBARO<br>EIGHTH FLOO  |  |   | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.  |   |                           |   |  |
| SAN FRANCIS  | CO, CA 94111-383   | 4   |  |   |                           | (Depositor's name)  |  |
|  |  |   |  |   |                           | (Signature)   |  |
|  | •  |   |  |   |                           | (Date)  |  |
| APPLICATION NO.  | FILING DATE  |   | FIRST NAMED INVENTOR   | ATTO  | RNEY DOCKET NO.           | CONFIRMATION NO.  |  |
| 10/808,260<br>TITLE OF INVENTION   | 03/23/2004<br>: METHOD AND APPA  | ARATUS FOR DETECT                                   | Michael D. Brent<br>ION OF HOSTILE SOFTV   |   | 0327-008600US             | 4180  |  |
| APPLN. TYPE  | SMALL ENTITY   | ISSUE FEE DUE                                       | PUBLICATION FEE DUE  | PREV. PAID ISSUE FEE  | TOTAL FEE(S) DUE          | DATE DUE  |  |
| nonprovisional   | NO   | \$1510  | \$300  | \$0   | \$1810                    | 01/06/2010  |  |
| EXAM   | INER   | ART UNIT  | CLASS-SUBCLASS   |   |                           |   |  |
| BAYOU, Y   | YONAS A  | 2434  | 713-200000   |   |                           |   |  |
| <ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> <li>ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON Temporary Control of the Printed On Tem</li></ol> |  |   | or agents OR, alternative (2) the name of a single registered attorney or a 2 registered patent attornes on a me will be   | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.           |                           |   |  |
| PLEASE NOTE: Unitecordation as set forti<br>(A) NAME OF ASSIC<br>Network Equipm  | ess an assignee is ident<br>h in 37 CFR 3.11. Comp<br>GNEE<br>nent Technologies, Ind | ified below, no assignee oletion of this form is NO | data will appear on the progression of the progress | atent. If an assignce is ic<br>assignment.<br>and STATE OR COUNT  | TRY)                      | cument has been filed for   |  |
|  |  |   | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 201430 (enclose an extra copy of this form).   |   |                           |   |  |
| NOTE: The Issue Fee and  | s SMALL ENTITY statu   | s. See 37 CFR 1.27.                                 | b. Applicant is no long  | ger claiming SMALL EN   | ΓΙΤΥ status. See 37 CF    | R 1.27(g)(2).   |  |
| Authorized Signature   | /Robert C. Co  | lwell/  |  | Date Ja   | nuary 4, 2010             |   |  |
| Typed or printed name Robert C. Colwell  |  |   |  | Registration No. 27,431   |                           |   |  |
| This collection of information   | ation is required by 37 C  | FR 1.311. The information                           | on is required to obtain or r<br>1.14. This collection is est<br>depending upon the indiv<br>e Chief Information Office<br>COMPLETED FORMS TO  | etain a benefit by the pub  | lic which is to file (and | by the USPTO to process) g gathering, preparing, and le you require to complete rtment of Commerce, P.O. or Patents, P.O. Box 1450, |  |

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

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